

**MIAMI-DADE COUNTY  
QUARTERLY GIFT DISCLOSURE**

LAST NAME-FIRST NAME-MIDDLE NAME:	NAME OF AGENCY:
MAILING ADDRESS:	OFFICE OR POSITION HELD:
CITY:          ZIP:          COUNTY:	FOR QUARTER ENDING (Check One):          YEAR: MARCH   JUNE   SEPTEMBER   DECEMBER 20__

**PART A - STATEMENT OF GIFTS**

Please list below each gift, or series of gifts of \$100 or more, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form: As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. **You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.**

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT

☐ **CHECK HERE IF CONTINUED ON SEPARATE SHEET**

**PART B - RECEIPT PROVIDED BY PERSON MAKING THE GIFT**

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ **CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM**

**PART C - OATH**

I, the person whose name appears at the beginning of this form,  
  
do depose on oath or affirmation and say that the information  
  
disclosed herein and on any attachments made by me consti-  
  
tutes a true, accurate, and total listing of all gifts required to be  
  
reported by Section 2-11.1 (e)(4) of the Code of Miami-Dade  
  
County.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
SIGNATURE OF REPORTING OFFICIAL

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known\_\_\_\_\_OR Produced Identification\_\_\_\_\_

Type of Identification Produced\_\_\_\_\_

### **PART D - FILING INSTRUCTIONS**

This form, when duly signed and notarized, must be filed with the Clerk of the Board of County Commission, 111 NW 1<sup>st</sup> Street, Suite 17-10, Miami, Florida 33128. The form must be filed **no later than** the last day of the calendar quarter that follows the calendar quarter for which this form is filed. (For example, if a gift is received in March, it should be disclosed by June 30.)